TO HOUSTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exer.

See 12 12 FORERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remains carbon papers. Rages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

maryland state department of Health division of statistical research and records, 301 w. preston street, baltimore 1, maryland 5656 Certificate of death 05644

1	1. PLACE OF DEATH  a. COUNTY  MARYLAND  MARYLAND	2. USUAL RESIDENCE (Where decaesed lived, If institution; Re e. STATE b. COUNTY	esidence before admission)
1	b. CITY OR TOWN (if outs the corporate limits, write RURAL end give belief town)  d. NAME OF HOSPITAL OR INSTITUTION (it not in hospitel, give street eddress)  3. RAME OF DECEASED (Type or print)  Widdle	c. CITY OR TOWN (If outside corporate limits, write RURAL and  d. STREET ADDRESS  Lest  4. DATE  Month  DEATH	e. Is residence ON A FARM? YES NO
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.  WIDOWED DIVORCED C	DATE OF BIRTH 9. AGE (In years IF MOER 1)	YEAR IF UNDER 24 HRS. Hours Min.
)	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even (refired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITI2  14. MOTHER'S MAIDEN NAME	SB CEN OF WHAT COUNTRYS
1	artin 7 1 Black ?	Catherine MC Multy NFORMANT allatt. 16 35 Using	hijtend.
	18. CAUSE OF DEATH [Enfer only one ceuse per line for [e], (b), end (c).]  PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE [e)  DUE TO  Conditions, if any, which geve rise to immediate ceuse [a), steling the underlying cause last.  (c)	long of haryng	interval Between onset and Death 1 2 1/2 Green
7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT  208. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART  [Enter neture of injury In Pert 6 or Part II of Item 18.)	1(n) 19. WAS AUTOPSY PERFORMED? YES NO
		CE OF INJURY (Home, farm, ry, street, office bidg., etc.) (City or town) (Coun	ty) (Slata)
	21. I certify that (I) (this hospital) attended the deceased from	death occured and MED. ATTENDING MED. DIRECTOR PHYS. 22d. ADDRESS	ne date stated above.  22b. DATE SIGNED
	230. (BURIAL) CREMATION, 23b. DATE THEREOF, 23c, NAME OF CEMETERY OF REMOVAL (Specify) 3 12 6 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Anna Dien 1258. REGISTRAR 256. REGISTRAR'S S	LEMA.
. (	Jungen In, Hand Ge	cace / Kal MAY 11 61 Onthur	d. /VANAFI

In the M would all arrest quitte and it works The sale of the sa Newsell January Abbett They He Lo AND SANTE The way with the way And the state of t Toponett Cotto the constitue Eurement of paring 2/2 from detroit the Women X Committee of the second second English of The Same Standard on the man the

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Item 9 Film G288 CERTIFICATE OF DEATH Reg. Dist. No. U5645 il director, filed with I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY g. STATE b. COUNTY MARYLAND Harford Marvland Harford the funeral should be fi b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) RURAL and give nearest town) 4 months Pylesville Bel Air d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Harford County Alms House YES NO [ NAME OF Middle 4. DATE Last Month Dev Year DECEASED OF DEATH (Type or print) Bay Hobart 19 61 May 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours WIDOWED | DIVORCED | Nov. 21.1896 64 yes papers. Mala White 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State at foreign country) 12. CITIZEN OF WHAT COUNTRY death. Railroad Employee Maryland United States 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Oliver Alexander Bay Fannie Caloway Smithson IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. No Mrs. Ralph Manifold. Stewartstown, Pa. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH 7 PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Coronary Thrombosis Sudden DUE TO permit. Candilions, if any, which I Coronary sclerosis gove rise to immediate DUE TO couse (a), stating the underco Chr. Cardio-vascular Disease lying couse lost. **burial-transit** CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? None YES NO A 206. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 03 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Doy, Year (County) (Stole) 626 factory, street, office bldg., etc.) Hour o. n. Not while at work at wark 21. I certify that I attended the deceased from Feb. 2, 1961, to May 29, 1961, that I last saw the deceased detached to to buriol, and that death occurred at 12:30PM, from the causes and on the date stated above. alive on May ADDRESS (Street, city or town, state) DATE SIGNED Mp Forest Hill. Md SIGNATURE plan PHYSICIAN'S NAME (Type) Willord P Hudson M.D. 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) page REMOVAL (Specify) Rocks, Maryland Holy Cross June .1961 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Delta, Penna.

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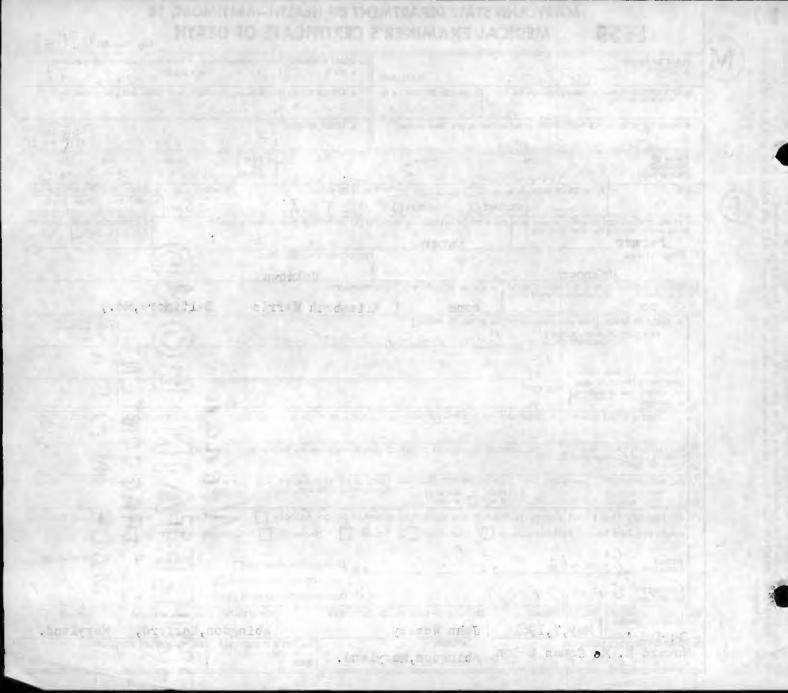
MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECOR STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEAT 2. USUAL RESIDENCE (Whara deceased lived, If institutions Rasidence before admission) MARVIAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WN (if outsida corporate limits, filled . IS RESIDENCE ON A FARM? YES NO IN papers DECEASED (Type or print) DEATH JF UNDER 24 HRS. S. SFX RACE 7. MARRIED AGE (In years | IF UNDER 1 YEAR last birthday) and Months WIDOWED [ physician 10a. USUAL OCCUPATION (Giva kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNT dona during most of working life, even if retirad) 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME please aftending pue IS. WAS DECEASED EVER IN U.S. ARMED FORCES? Then (Yes, no, or unkown) (If yas give war or detes of sarvical 0 18. CAUSE OF DEATH [Enter only one cause per line for (8) INTERVAL BETWEEN and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 100 IMMEDIATE CAUSE (a) signed DUE TO Conditions, if any, which gava rise to immediate causa DUE TO (e), stating the undarlying certificate ha PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY ospital PERFORMED? 8 0 NO . 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Entar natura of injury in Part I or Part II of itam 18.) 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, " 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Yaar factory, street, offica bldg., atc.) Not Whila Whila Hour a.m. at work at work p.m. 22b. DATE 22a, SIGNATURE STAFF SIGNED ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRES 22c. PHYSICIA death TO FUI director, be filed 238. BURIAL CREMATION, | 236. DATE THEREOF (Stata REMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE 25a, REC'D 25b. REGISTRAR'S SIGNATURE VI 115 (4) ISM 9/60 arthur & The

4 the same of the sa HARTER OF CHANGE WITH SHAW HAVEE OF FROME HARTON MER IN THE SECOND SECONDARY of the property of the propert 726 \* 2 /4/M NEWS 37 STEEL MOTOR MOTOR J. TTY OF (I) No - The three three the Mary Think I Washinday as Dieg I want to Have Line of Entre Lancing Land Thomas day I'm at 21 -

TO DEFUTY MEDICAL EXAMINER: This certificate should be exacuted within 24 hours after death. If any doffer is necessary, please executed pertificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funer stator. Page 4 should be farwed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your man.  TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation,	31	8		ion,	
TO DEFIUTY MEDICAL ENAMINIES. This certificate should be executed within 24 hours after death. If any dolors is necessary, cute the serious writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funer toward provided for your man forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your man.  TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial.	please	t should		cremat	
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TO DEFIUTY MEDICAL ENAMINER: This certificate should be executed within cute perfectly writing the ward "pending" in pencil in Item 19. Give forw of to the Chief Medical Examiner's Office along with form PM3.  TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit.	n 24	e Po	Poge	ile p	
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TO DEFIUTY MEDICAL ENAMINER: This certificate thould be cute thrificate, writing the ward "pending" in pencil if forward to the Chief Medical Examiner's Office along w TO FUNERAL DIRECTOR: Page 3 should be used as a burial-th	MXBC	o lte	ith fe	ansi	
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TO DEFIUTY MEDICAL ENAMINIES: This certificate cute periodicate, writing the ward "pending" forw 10 the Chief Medical Examiner's Office TO FUNERAL DIRECTOR: Page 3 should be used as	Thou	in pe	se old	o po	
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VS. A15ME(5) 5M 9/55

1		MARYL	AND STAT	E DEPART	MENT OF	HEALTH-	-BALTIN	AORE, 18	В	
	56	59 ME	DICAL E	XAMINE	R'S CERT	IFICATE	OF DE	ATH	Reg, Dist. N	.05647
	PLACE OF DEATH a. COUNTY	Haren	d	MARYLA	O STATE	ESIDINCE (Who	re deceased live	b. COUNTY	n: Residence b	efare admission)
	b. CITY OR TOWN and give necrost to	(If autside gorporal (limits, write will A	RURAL C. LE	NGTH OF STAY IN	1b c. CITY O	R TOWN (IF au	Iside corporale	limits, write RU	IRAL and give	neorest town)
	d. NAME OF HOSP	TAL OR INSTITUTION (III	not in hospital, g	ive street oddress)	d. STREET	ADDRESS	3ur	4 R	od	ON A FARMS
3.	NAME OF DECEASED (Type or print)	Thomas	11	Middle R		isl 4.	DATE OF DEATH	Month	300	Yeor 19 (-/
5.	SEX M	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED [	8. DATE OF BIRT	217,18	61 9. 40	Stat To a	Onths Days	
10	during most of work  Farme	ION (Give kind of work ding life, even if retired)		f Business or in Owner	DUSTRY 11. BIRTH	MS /	foreign country)	100	12. CITIZEN C	OF WHAT COUNTRY?
13	. FATHER'S NAME	Unknown			14, MOTHER	Unknown				
15	. WAS DECEASED I	VER IN U. S. ARMED FOR	CES? 16. SOCIAL		17. INFORMANT Elizabet			Address Baltimo:	re Md.	
ATION	Canditions, if gove rise to imm [o], stating the couse lost.	rediote couse	DITIONS CONTRIBU	UTING TO DEATH E	SUT NOT RELATED TO	O THE TERMINA	L DISEASE CON	DITION GIVEN	I IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO IN
CERTIFICATION	20g. EXTERNAL C. PRIMARY   gr Ci CAUSE OF DEATH	AUSE WAS ONTRIBUTING []	DESCRIBE HOW	INJURY OCCURRE	D. (Enter noture of	injury in Part I d	or Part II of Hen	n 18.)		
MEDICAL	20c. TIME OF INJ Hour a. m p. m	1.	While	OCCURRED 20e. Not while at work	PLACE OF INJURY factory, street, offic	(Home, form, ce bldg., etc.)	20f. (City or lov	vn}	(County)	(State)
	death resulte	that I took charge of from: Natural of Parallel	·		Suicide ,	n Autopsy [ Homicide [  MEDICAL EXAM ANT MEDICAL EXA Y MEDICAL EXA	Undete	tion <b>10</b> , rmined cau	Inquiry _ use	ond find that  White SIGNED  - 3 - 4
22	BURIAL, CREMAT REMOVAL (Specif	ION, 22b. DATE THEREO	1.	AME OF CEMETERY		22	d. LOCATION (	City, town, or o	county)	(Stole)
23	HOWARD BIRECTO HOWARD K	May,7,19  OR'S SIGNATURE  Me. Comas &  W. Comas	-Fon A	hn Wesley  DORESS  ingdon, Ma		24a. REC'D B	Abingdor Vegistrar 61	246. REGISTR	rd, M ARS SIGNATURALLY A. TI	



TO HOSTIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

JO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in prior to burial, cremation, or removal, and in any event, within 72 hours after death. within 24 hours after

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1	
	1. PLACE OF DEATH  a. COUNTY  b. COUNTY  b. COUNTY  b. COUNTY  c. STATE  b. COUNTY
1	rightord Maryland Vid. Hartord
4	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest lown)  write RURAL and give neerest lown)
	ad. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) A d. STREET ADDRESS ( o. 15 RESIDENCE
71	ON A FARME
	3. NAME OF First Middle Lest 4. DATE Month Day Year
1	DECEASED (Type or print) Charles J Callahan DEATH 5 29 19 61
	5. SEX   6. COLOR OR RACE   7 MADRIED   NEVER MARRIED     B. DATE OF BIRTH   9. AGE (In years IF UNDER 1 YEAR   IF UNDER 24 HRS.
1	WIDOWED DIVORCED 1/2.5/1901 By yrs. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during nost of working life, even if refired) 10b. KIND OF BUSINESS OR INDUSTRY 1. BIRTHULACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Laborer Nld USA
	13. FATHER'S NAME
	Charles d. Lallahan Margaret Nodani
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) (Ifyesgive war or dates of service)
	18. CAUSE OF DEATH [Enter only one cause pertine for (e), (b), and (c).
	PART I. DEATH WAS CAUSED BY.
	IMMEDIATE CAUSE (8)
	Conditions, if any, which to
	gava rise to Immediate ceuse
	(a), steting the underlying Court (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  PERFORMED?  YES NO G  OR CONTRIBUTING CAUSE OF DEATH  III of item 18.)  OR CONTRIBUTING CAUSE OF DEATH  III ITEM IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH  OR CONTRIBUTING CAUSE OF DEATH  III ITEM IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES NO G  OR CONTRIBUTING CAUSE OF DEATH  III ITEM IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES NO G  OR CONTRIBUTING CAUSE OF DEATH  III ITEM IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES NO G  OR CONTRIBUTING CAUSE OF DEATH  III ITEM IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION GIVEN IN PART 1(e)  PERFORMED?  YES NO G  OR CONTRIBUTING CAUSE OF DEATH  III ITEM IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(e)  OR CONTRIBUTION CONTRIBUTION GIVEN IN PART 1(e)  PERFORMED?  YES NO G  OR CONTRIBUTION GIVEN IN PART 1(e)  OR CONTRIBUTION
	206. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.)
1	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, fectory, street, office bldg., etc.)  While Not While fectory, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from 1860, to 1960, that (I) (we) last saw the deceased alive on 5 - 29 19 19, and that death occurred a 1960, from the causes and on the date stated above.
	22b. DATE
	M.D. ATTENDING MED. STAFF DIRECTOR PHYS. STAFF PHYS. STAFF
ı	22c. PHYSICIAN'S NAME (Type) TO THE TOTAL AND TOTAL
	E. J. STANON ALL DE CRACE IN S
	238. (BURIAL) CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. (Specify) (Slee)
	June / 1961 July John Culture May July Masser 256. REC'D BY REGISTRAR'S SIGNATURE
	Lungen On, Hande Grace, Md. DATE JUN 5 '61 Outing S. Kround
Ü	The party of the p

Billed Jack State Land Land Land Land Havis de Vience I was a Historiale Grant Harterd Westmand John Decurer St. Charles of Callabian 5 29 41 a modern a market (I) HEN LEW LESS Charles In Carioban Mangaret Dodonic the same of the sa The strength of the second

TO HO? AL OR ALTENDING PHYSICIAN: The law requires that the death certificate be executed with 24 hours after a death.

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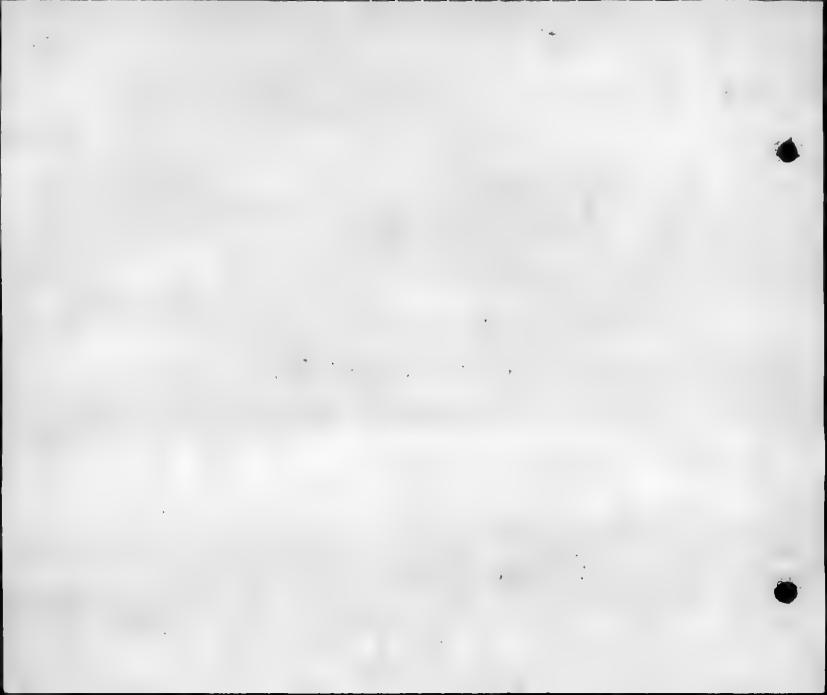
6 d may be retained by the hospital or attending physician.

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, CERTIFICATE OF DEATH

	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission)
	b. CITY OR TOWN (If outs da conforata limits, c. XINGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
	Hastelle That I on Institut ON (if not in hospital, g va street address)  d. NAME OF HOSPITAL OR INSTITUT ON (if not in hospital, g va street address)  d. STREET ADDRESS  d. STREET ADDRESS
	632 antaus YES NO A
	3. NAME OF DECEASED (Type or print) for the Manman Cahonie DEATH 5/19/6/ 19
	5 SEX 6. COLOR OPRACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF ENDER YEAR IF UNDER 24 HRS.  Months Days Hours M. n.
	10s. USUAL OCCUPATION (Give kind of work 10b-K ND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME ) 14. MOTHER'S MAIDEN NAME, J.
	Chapman Caponic Mary C. Harity
	15. WAS DECEASED EVER IN U.S. ARMED FORES? 16 SOCIAL SECURITY NO 17. INFORMATION (Yes, no, or unkown) (Hyero vewaror detesof service) (Makanan Kausa Cahonii Thursday Md.
	18. CAUSE OF DEATH [Enter only one causa forme for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:
	MAREDIATE CAUSE (e)_  O X DUE TO (i)
	Conditions, if eny, which against the course (b) Cabelles Milliums
	(e), steting the underlying DUE TO cause last. (c)
	PART II. OTHER SIGN FIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?  20e. ACCIDENT WAS UNDERLYING   20e. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of Item 18.)  OR CONTRIBUTING   CAUSE OF DEATH  IN EITHER, NOTIFY MEDICAL EXAMINER)
	206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of Item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. T.ME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, Farm, 20f. (City or town) (County) (Stete)  Hour a.m. betwork et work et work et work
	21. I certify that (I) (this hospital) attended the deceased from
	226. SIGNATURE ATTENDING MED. STAFF 226. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)  M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS
	238. (BURIAL) CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, lown pr grunty) (State)
	ALA FUNCEPAL DIRECTOR'S SIGNATURE  ADDRESS  AND 258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	Lacerester Con Januar Deace Md. DATESUN 5 '61 arthur S. Krous



ofter death. Page 4

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5662

**CERTIFICATE OF DEATH** 

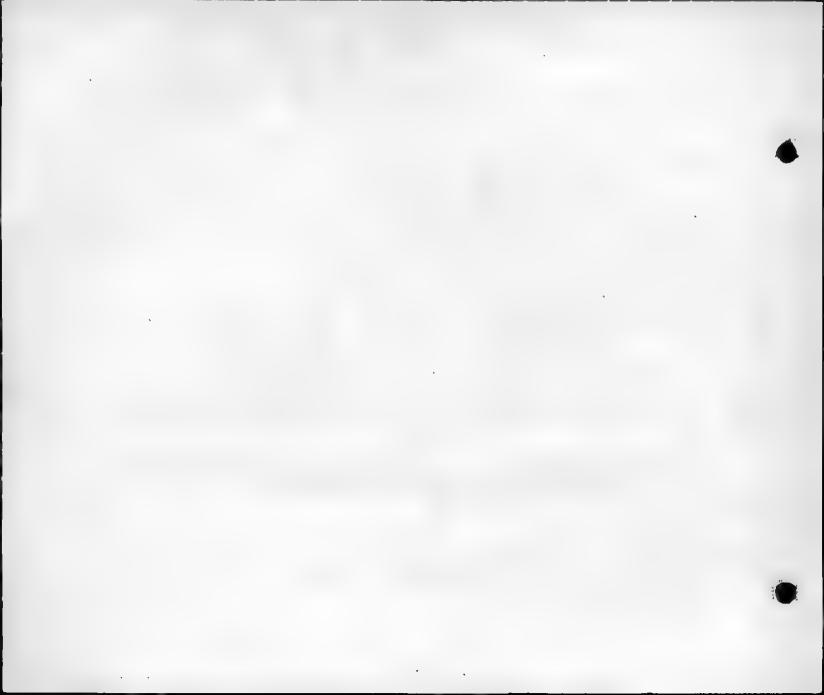
Reg. Dist. No.

05650

	-	
	1. F	PLACE OF DEATH a. COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) b. COUNTY b. COUNTY
1	1	b CATY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) RURAL and give nearest town)
		d. NAME OF HOSPITAL (If not in hospital, give street address)  or INSTITUTION  d STREET ADDRESS  or INSTITUTION  e. IS RESIDENCE ON A FARM? YES   NO
		NAME OF DECEASED (Type or print)  NAME OF DEATH  A DATE / Month / Doy Year DEATH  DEATH  19
	5. 5	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 14 HRS lost birthdoy) Months Doys Mours Min
		D. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPEACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)  12. CITIZEN OF WHAT COUNTRY THE SELECTION OF WHAT COUNTRY AND SELECTION OF WHAT C
)	1	Melon B Case - Mary & Esly
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (1870), pire wor or dores of service) Unilization of the control of the contr
		PART + DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate cause (o), stoling the under-lying cause lost.  Cause of DEATH (Enter only one cause per Aline for (a), (b), and (c)    INTERVAL BETWEEN ONSET AND DEATH ONSE
	CATION	PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES \( \subseteq NO \subseteq \)
	CERTIFI	20a ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.)
	MEDICAL	20c. YIME OF INJURY Month, Doy, Year Hour a. m.  p. m.  19  20d INJURY OCCURRED While Not while of work of wor
		21. I certify that I attended the deceased fram
		REMOVAL (Specify)  22b DATE THEREOF  22c NAME OF CEMETERY, OR CREMATORY  22d. LOCATION (City, town, or country)  (Spote)
1	23.	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS, CLASSES, MAY 1 8 '61  CILLING & KILLING  CILLING  CILLI

TO HOSPITAL OR ATTENDING PHYSICIAN: The tow requires that the death certificate III = =xecuted within 24 h TO FUNER VS A15 (4) 1SM 10/57

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ION STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If just tut on, Residence before adm ssion a. COUNTY c CITY OR TOWN (If sulsida corpora a limils, wr la RURAL and g vertearast town) b. CITY OR TOWN (if outside corporate limits, ON A FARM? YES NO Y DECEASED OF DEATH (Type or print) AGE (In yeers | IF UNDER 1 YEAR) IF UNDER 24 HRS 7. MARRIED NEVER MARRIED State, or fore on country) ; 12, CITIZEN OF WHAT COUNTRY VER IN U.S. ARMED FORCES? IB CAUSE OF DEATH (Enter only one cause per line for (a) ONSET AND DEATH PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) DUE TO ensive Cardio vuscular disease gave rise to immadieta cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19 NO 206. ACCIDENT WAS UNDERLYING [ 206. DESCRIBE HOW INJURY OCCURED, [Enter nature of injury in Pert It or Pert II of item 18 ) OR CONTRIBUTING [ CAUSE OF DEATH ' (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Not While While 21 I certify that (I) (this hospital) altended the deceased from. 11117 ..., 1969 to . 5711 ..., 1961, that (I) (we) last saw the deceased alive on. 4128 ... 19 61, and that death occurred at 7.30PM, from the causes and on the date stated above 22e, SIGNATURE SIGNED STAFF DIRECTOR PHYS. 22c. PHYS CIAN'S C 22d, ADDRESS 1509 Revolutio St 250, REC'D BY REGISTRAR | 256, REG STRAR'S S GNATURE

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VR A15 (4) 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

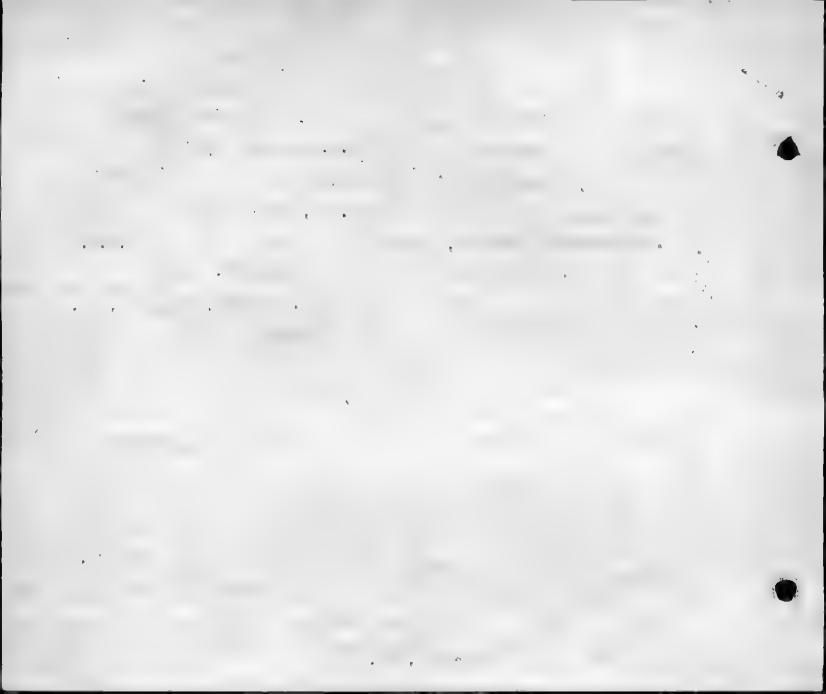
CERTIFICATE OF DEPARTMENT OF HEALTH

05652

0002	CEKIIIICA	IL OI DEATH			0000
1, PLACE OF DEATH		2. USUAL RESIDENCE (Who	ere deceased lived. If ins	titution: Residence be	fore admission)
· COUNTY HARFORD	MARYLAND	o STATE AND	6 COU	NTY HARFO	RD
b CITY OR TOWN (If outside corporate limits, write c. LENC , RURAL and give nearest tawn)	GTH OF STAY IN 16	c CITY OR TOWN (IF or	utside corporate limits, wr	ite RURAL and give n	earest town)
HAVREDEGRACE LI	FE	HAVIPEL	DEGRACI	$\Xi$	
d. NAME OF HOSPITAL (If not in hospital give street address) OR INSTITUTION 324 Superior ST		324 SUF	PERIOR S	77. 1	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED	Middle	Lost	4. DATE	Month D	Day Year
(Type or print) SAUUEL (	TOLDSMIT	H CLRRY	OF DEATH	MAY	2 1961
5 SEX 6 COLOR OF RACE 7. MARRIED X		B DATE OF BIRTH	9 AGE (In you best builthd		
MALE WHITE WIDOWED	DIVORCED	DEC, 29,16	192 68	yrs Manths Days	Hours Min.
10a USUAL OCCUPATION (Give kind of work done 10b KIND Of during most of working life, even if retired)	BUSINESS OR INDU	STRY IT BIRTHPLACE State	or foreign country)	1	OF WHAT COUNTRY
TELEPHONE REPAIRMAN HIT.D.	KETIRED	MD		4.5.	A.
13 FATHER'S NAME		14. MOTHER'S MAIDEN N	AME (BA)	1	
YOHN DAMUEL CLRRY	/	MARGARET	LEECIVI	P14H1	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL (16s, no, or unknown) (16 yes, give war ar date of service) 2/3.0	5-7273 ///	SI Fottiel (	urry Havi	Ed de Gras	er Mo
18. CAUSE OF DEATH [Enter only one couse per fine for (a)	, (b) and (c) }		. / .		TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c)	ute 1	140 cardial 1	nfaret	Or	24 Local
430,1 DUE TO		/			
Conditions, if any, which ) (b) Con	erary of	celusion			
gave rise to immediate DUE TO					
lying couse last. (c)					
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JTING TO DEATH BUT	NOT RELATED TO THE TERM!	nal disease condition	I GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO
200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	W INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port II of item 1B	)	
3 20c TIME OF INJURY Month, Day Year 20d, INJURY O	CCURRED 20e PL	ACE OF INJURY (Home form,	, 20f. (City or town)	(Caunt)	y) (State
	t while to	ctary, street, office bldg., etc.	1		
21 I certify that (I) (this haspital) attended the	deceased from	5-12 199	61, ta 5.1	2 19.6/	that (I) (we) los
	,	Ton. 2	M, from the causes		
220 SIGNATURE		/ -			226 DATE 5 GNEI
Cellett Him			RECTOR PHYS	5-	13-61
20c PHYS CIAN'S NAME (Type) DR. G HIRSCH		421 CONIG	ROSS AVE	. HAVRE	de Gene
23a BURIAL, CREMATION, 23b DATE THEREOF 23c. N.	AME OF CEMETERY O	R CREMATORY	23d LOCATION (City to	wn, ar caunty)	(State)
BURIAL MAY13,1961 11	OCKI	UNI (EM.	HARFERD	)	MO
24 FUNERAL DIRECTOR'S SIGNATURE	DORESS	11	D BY REGISTRAR 256. I	REGISTRAR'S S GNAT	URE
15. Maaron Milehill Havi	idi Bans	1/10 MAN 1	7 '61   0-	Thur & Krassa	



ON STREET, BALTIMORE 1, MARYLAND 5665 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution; Residence before admission) a. COUNTY c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town) . IS RESIDENCE ON A FARM? YES NO NO DECEASED OF (Type or print) DEATH 9. AGE in years 1 IF JNDER 1 YEAR NEWER MARRIED last birthday) Months! Days Nov. 24. 1878 WIDOWED TO DIVORCED | 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (County,& State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? Housewife, Home U.S.A. 1 14. MOTHER'S MAIDEN NAME John F. Finkernagel Amelia H. Oales Addres 527 Jennifer Lane 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO., 17. INFORMANT (Yes, no or unkown) (Ifyasgivawarordefesofservice) C. Preston, Aberdeen, Md. None 18. CAUSE OF DEATH [Enter only one reuse per life for (s), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) geve rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF BEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. Enter neture of injury in Pert Lor Pert II of item 18.1 20c. T.ME OF INJURY Month, Day, Year 20d. INJURY OCCURRED, 20e PLACE OF .NJURY (Home, ferm, 1 20f., (City or fown) [County] (State) factory, streat, office bldg., atc.) While Not While Hour a.m. et work p.m. .7. 5....19....61, and that death occured at 1.3.M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE 1969NED ATTENDING. May PHYS. DIRECTOR M.D. PHYS. 22d. ADDRESS 23c. NAME OF COMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL [Specify] 058 Burial Cemetery Ange ] Havre 24 FUNERAL DIRECTOR'S S GNATURE 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Tarring AD Funeral VR A15 (4) Chilling S. Throng 15M 9/60 Aberdeen, Md. DATE



ESTON STREET, BALTIMORE 1, MARYLAND 5666CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Besidence before edinission) e. COUNTY **b.** COUNTY MARYLAND b. CITY OR JOWN (if outside/corporate limits, c. C.TY OR TOWN (Moutside corporeta limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 AM ec d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress d STREET ADDRESS . IS RESIDENCE ON A FARM? YES INO IX na NAME OF Middle DECEASED (Type or print) DEATH 196 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Hours Months WIDOWED 10e. USJAL OCCUPATION (GIVE kind of work , 12. CIT.ZEN OF WHAT COUNTRY? 10b. during most of working to, even if retired) 13. FATHER'S NAME ARMED FORCES? 18. CAUSE OF DEATH [Enter only one cause per INTERVAL BETWEEN ONSET AND DEATH PARY , DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Conditions, if any, which gave rise to immediate cause DUE TO (e), stelling the underlying couse lest. PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a); 19. WAS AUTOPSY PERFORMED? 200. ACCIDENT WAS UNDERLYING A 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) While Not While at work at work saw the deceased alive on. DATE 22e, SIGNATURE ATTENDING PHYS. May PHYS. DIRECTOR M D 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) 236. BURIAL, CREMATION, 236. DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, lown or county) BERROVALA(Specify)

Harford Memorial Gardens, RD. Havre

DATE

25. REC'D BY REGISTRAR , 256, REGISTRAR'S SIGNATURE

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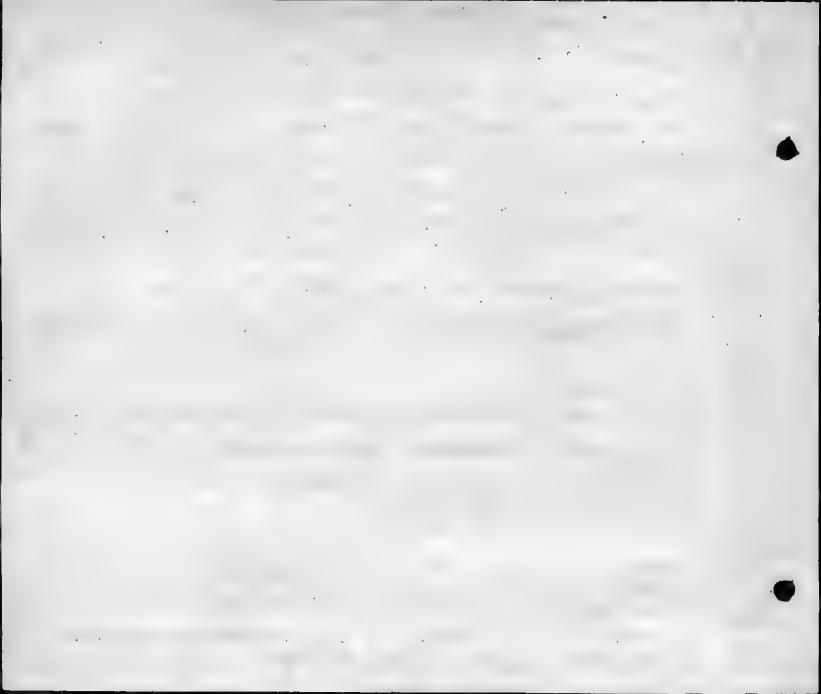
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W. PRESTON STREET, BALTIMORE 1, MARYLAND SUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) . PLACE OF DEATH Is nec.
I director. Pervour files. . COUNTY e. STATE **b.** COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give-nearest town d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRES ō Boar S RESIDENCE to the funeral ON A FARM? refained he State B YES INO IT NAME OF Inch 4. DATE Dev Month DECEASED OF (Type or print) DEATH aller with 5. SEX DATE OF BIRTH AGE (In More | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED may 2 wit last birthday) Months Hours 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? most of working lile, even if retiredit pages PM3. 13. FATHER'S NAME P. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. unkown) ) (Ifyesgive warprdetes of service) ×ith 18. CAUSE OF DEATH [Inter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN Office along burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) certificate should be **DUE TO** Conditions, if eny, which (b) geve rise to Immediate cause pending" DUF TO 80 (e), steting the underlying cause last. pesn [c] Ехаті cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19, WAS AUTOPSY PERFORMED? Word 8, Medical I YES NO MEDICAL EXAMINER: This pluods CERTIFIC 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | burial, CAUSE OF DEATH. sase execute the certificate, writing should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 : 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20e, PLACE OF INJURY [Home, farm, ; 20f. (City or town) (County) [Stete] 2 fectory, street, office bldg., etc.) While Not While Hour a.m. at work prior at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection (X) Inquiry and in my opinion agent, death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 9529 IO DE 22d, LOCATION (City, lown, or country) (Stelle) REMOVAL (Specify) 740 REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 240. VS. AISME 5M 9/60



CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution; Residence before admiss on) . COUNTY **b. COUNTY** MARYLAND b. CITY OR TOWN (if ou side corporely Limits, c. LENGTH OF STAY IN 15 c. CIY OR TOWN (Ifrouside corporete I mus Arrite RURAL and give nearest town) NAME OF HOSPITAL OR INSTITUTION (If not In hospite, give street edder . IS RESIDENCE ON A FARM? YES NO 3. NAME OF DECEASED (Type or print) DEATH 9. AGE (In years IF UNDER I YEAR' IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lest birthdey) Months | Days DIVORCED L 10e. JSUAL OCCUPATION (Give kind of work 10-KIND OF BUSINESS OR INDUSTRY done during most of working Ate, ever if ret red; , 14, MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Ifyes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per one for (e) (b, end (c) ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: .MMEDIATE CAUSE (e) Conditions, if any, wantch peve rise to immediate cause (e), steting the underfying AG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY 20b DESCRIBENOW INJURY OCCURED. (Enter neture of injury in Port I or Port II of Item 18.) 200, ACCIDENT WAS UNDERLY NO OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c, TIME OF INJURY 20d, INJURY OCCURRED 20s, PLACE OF INJURY (Home, ferm, 20f (City or town) (County) Month, Day, Year fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from. ...19. (0.1), and that death occured at 10 saw the deceased sive on..... DM, from the causes and on the date stated above. 22b. DATE 22e. SIGNATURE ATTENDING SIGNED MED DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN NAME Dyper 23e. BURIAL, TREMATION, 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY VR A15 (4) 15M 9/60 ather & Know

STREET, BALTIMORE 1, MARYLAND

DIVISION OF STATISTICAL RESEARCH AND RECORDS



. S RESIDENCE ON A FARM? YES NO 3

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

SIGNED

196 ..., that (I) (we) last

(County)

YAY 3 Y

DATE

VR A15 (4) 15M 9/60



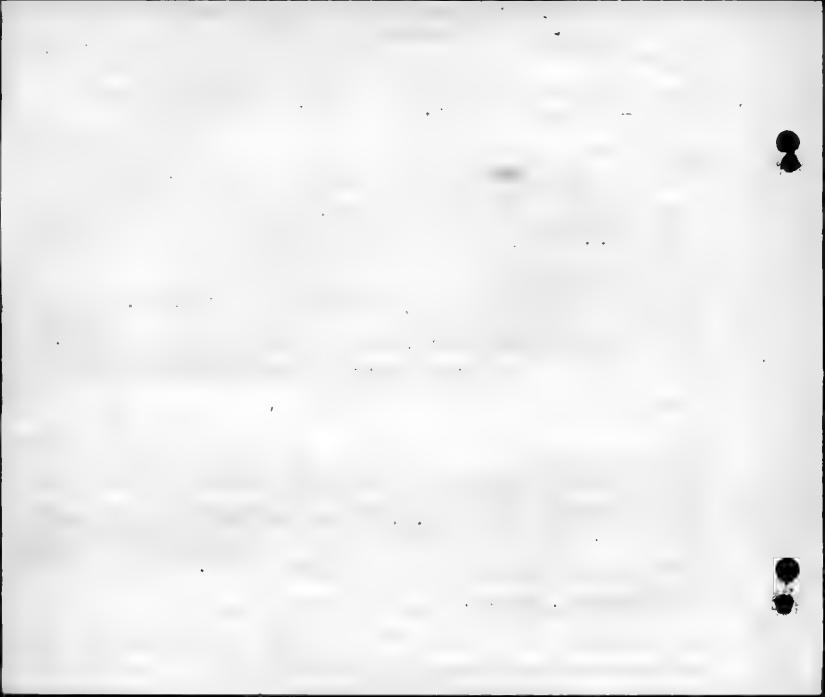
W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS, 301 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission) 1. PLACE OF DEATH e. COUNTY b. COUNTYa. STATE MARYLAND b, CITY OR TOWN lif outside comporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION IN . IS RESIDENCE STREET ADDRESS hospital, give straet eddress) QN A FARM? 80 matained ie State B YES NO NAME OF fast DATE DECEASED [Type or print] 6. COLOR OR RACE 5. SEX DATE OF BIRTH AGE (Iff years LIF UNDER I YEAR! IF UNDER 24 HRS. with MARRIED NEVER MARRIED may 2 wit lest birthday) Months Days WIDOWED DIVORCED we Pages 1, 2, are MA3. Page 5 re pages 1 and 2 10a USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even il retired) 13, FATHER'S NAM 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16 SOCIAL SECURITY NO.1 17. INFORMANT [Yes, no, or unknwn] ; (Ifyesgivewerordetesolservice) Derm INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), long ansit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: I-transi and IMMEDIATE CAUSE (a) **(5)** Office **DUE TO** burial Conditions, il eny, which 161 gave rise to immediate cause rg DUE TO (e), stelling the underlying 10 cause last. pesn PARE 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 2 NO F pluods 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of Itam 18.) 20s. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. @ m 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stele) 20c. TIME OF INJURY Month, Day, Year (County) the Chie factory, street, office bldg., etc.] Not While While 0 et work at work prior OB: 21. I certify that I took charge of the remains described above, held an Autopsy .... inspection Inquiry and in my opinion DIRECT Undetermined manner Suicide death resulted from: Natural causes Accident Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL TUNERAL Its designate SIGNATURE NAME (Type) please Inou town, or country REMOVAL (Specify) 24e, REC'D BY REGIS RAR VS. A15ME SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 5671 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
a. STATE Marry 7 and b. COUNTY HERIORA filed a. COUNTY Maryland MARYLAND Harford b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) 9 RURAL and give nearest town) Rural -- Darlington shauld Rural---Darlington d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO T NAME OF First Middle Lost 4. DATE Manth Day Year DECEASED May 4. 1961 (Type or print) Otis Henry Mant DEATH Humt. 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. birthdoy) Months Doys Hours White WIDOWED | DIVORCED | Mala 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working tife, even if retired)
Aberdeen P.G. New Hampshire carbon ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN: NAME Henry otis Hunt MOVE IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Yes Mrs Gale Hunt Darlington, Md. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) COPONERY OCCURSION ₽ DUE TO à permit. (Chronic) Canditions, if any, which gned gove rise to immediate **DUE TO** cause (a), stating the underlying cause tast. burial-fransit PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO. 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c, TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Year (County) (State) factory, street, affice bldg., etc.) Hour o. n. White Not while of work at work p. m. 21. I certify that I attended the deceased from Oct. 2. ... 19 50, to Way 1961 ... 19\_\_\_\_that I last saw the deceased detoched ..., and that death accurred at\_\_\_\_\_M, fram the causes and an the date stated above. alive on May O. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL /61 P PHYSICIAN'S NAME (Type) W4 11 and ag registror 220. BURIAL, CREWINGON, 226. DATE THEREOI 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) ebod REMANAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

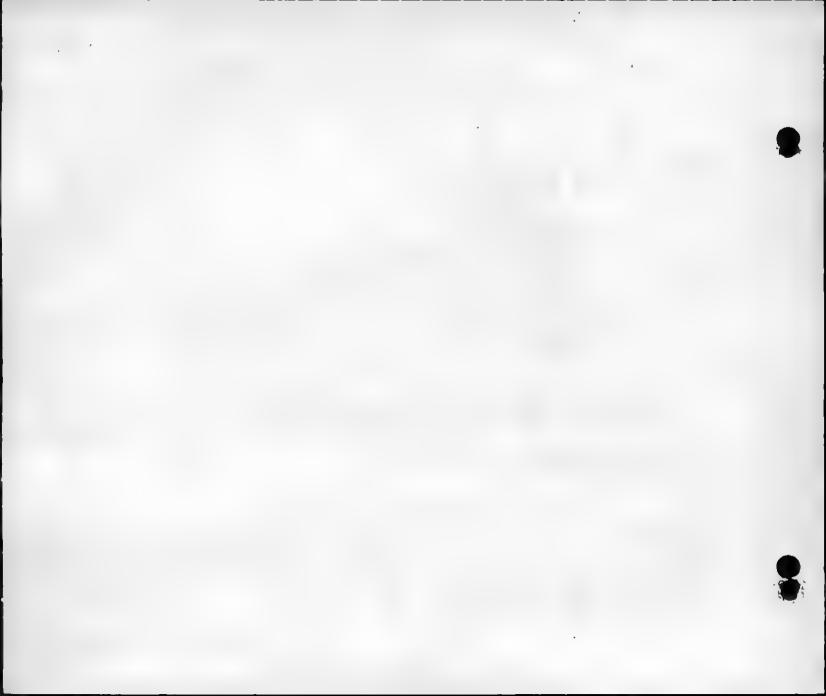
death.



Reg. Dist. No. USAFA 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) COUNTY c. CUTY OR TOWN (If outside corporate lights, write RURAL and give rearest town) e IS RESIDENCE ON A FARM? YES TO NO IZ Yeor 19 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours yrs 12 CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 3(g) 19. WAS AUTOPSY PERFORMED? YES NO (County) (Stote) death occurred at \_\_\_\_\_M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stole) DATE SIGNED 22d. LOCATION (City, lown, or county, (Slote) 24b REGISTRAR'S SIGNATURE Chrima S. Thous

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

VS A15 (4) 15M 10/57



	1		1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4	- وح	4		5673 CERTIFICATE OF DEATH Reg. Dist. No. U 5 66 ?
Page	filed with	M	1.	PLACE OF DEATH a. COUNTY Harford  MARYLAND  2. USUAL RESIDENCE (Where deceased lived of institution- Residence before admission) b. COUNTY Harford  Md.  Harford
death.	5 8 /			b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Rural - Street  76 years  Rural - Street
es offer	3 2 shauld	×		d. NAME OF HOSPITAL (If not in hospital, give street address)  R.D.#2  d. STREET ADDRESS  R.D.#2  ON A FARM?  YES \( \text{NSTITUTION} \)  NO \( \text{TREED NO } TREED NO
24 ho	rilled #r. yes 1 and		3.	NAME OF First Middle Last 4. DATE Month Day Year OF DECEASED (Type or print) WILLIAM HENRY KOHLBUS DEATH 87 23. 1961
with:	etely . Pa		5	SEX  Male  Months  Manual  Months  Mon
	nd camp in papers death,		10	a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	and ban		13	Farmer Baltimore Md. USA  FATHER'S NAME USA
cale	physician smave car hours offi	(I)		William H. Kohlbus Elizabeth Nichols
	remo		15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  No   If you, give wor or dotes of service)   218-07-0294   Mrs. Paul Iddings, Street, Maryland
ires that the death	ned by the attendion ermit. Then please any event within			18. CAUSE OF DEATH [Enter only one couse pendine for (o), (b), and (c)]  PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)  DUE TO  Candilions, if any, which gove rise to immediate  DUE TO  Candilions, if any, which and the cause of the course of the course of the course of the cause of the c
law requ	t been sign I-transit pr val, and in		CATION	lying couse last. (c)
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PHYSICI of or oth	r use as emation,		MEDICA	20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED Hour a. m.  p. m.  19  20d. INJURY OCCURRED While Not while of wark of work of wark of wark of wark of work of wark of work of wark
ENDING he hospit	ached for burial, cr			21. I certify that I attended the deceased from Macht, 1961, to Macht 1961, to Macht 1961, that I last saw the deceased alive an May 22, 1961, and that death occurred at 4 Macht 1961, the date stated above.
OR ATT	ld be det priar ta	1		ACTUAL SIGNATURE Cluran of Mr. Hyp on MD. Fallen Grape, 5/24/1
PITAL	3 shoul	ř		PHYSICIAN'S Edward W. Hyson awn Grove, Penna.
HO	dge le re		22	Street May 25. 1961 Emory Street May 25. 1961 Emory Street Md.
VS A	15 (4)	2	23	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR'S SIGNATURE
15M	10/57	3		elta, enna. Date



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9	5674 CERTIFICATE OF DEATH Reg. 1	Dist. No. 05662
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funeral funeral	b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write RURAL one RUBA) and give (nearest town)	give nearest lawn)
d 2 shoul	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION & TMT Royal Acce #TM - Royal Acce	e. IS RESIDENCE
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attendi	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (c)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (c)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (c)	INTERVAL BETWEEN ONSET AND DEATH
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NDING e hospit : After ched fo uriot, cr	21. I certify that haltended the deceased fram. 1953, 19 to 5-8, 196 that alive on 1964, and that death occurred at 155 MM, fram the causes and an	last saw the deceased
be deto	ACTUAL SIGNATURE ADDRESS (Street, city or Jewn, stote)	5-8-8 SIGNED
RAL Should should strar pri	PHYSICIAN'S PETER P. RODMAN, M.D. Apericon, Md.	
HOSP oy ba FUNE 996 3 e regi	BURIAL CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, Town, or county) Burial Till 61 Bakers Cunclery Cher Cen. 21	laryand.
VS A15 (4) 15M 10/57	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 140. REC'D BY REGISTRAR 246 REGISTRAR'S S	SIGNATURE S. Fliand

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH REET, BALT!MORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, it Institution, Residence before edmission) a. COUNTY e. STATE **b.** COUNTY files. Heatth, MARYLAND b, CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) director. Board of write RURAL and give nearest fown e. IS RESIDENCE OR INSTITUTION (if not hospital, give street eddress) ON A FARM? YES NO State NAME OF DATE Month DECEASED OF (Type or print) DEATH 19 with 5. SEX COLOR OR RACE AGE Ifn years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED TO NEVER MARRIED may 2 wif last birthday) ge 5 may and 2 wi Months Hours WIDOWED DIVORCED 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY Fite-pages 1 and vent within 72 h dans during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) | (If yes give war or dates of service) Permit 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN burial-transit p ONSET AND DEATH Office along PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause Ю DUE TO 200 (a), stating the underlying cause last. pesn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 90 NO 🖂 Medical 2 must pinous DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20s. EXTERNAL CAUSE WAS 20b. PRIMARY OF OF CONTRIBUTING writing t Chief A Page 3 sl ğ the Chie R: Page 20d. INJURY OCCURRED ... 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) 0 While Not While et work 🔀 at work ease execute the certificate, should be forwarded to th 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion Undetermined manner Homicide death resulted from: Natural causes Accident [X] Suicide CHIEF MEDICAL EXAMINER SCTUSI. ASSISTANT MEDICAL EXAMINER DATE SIGNED FUNERAL 1 DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) DEP 220. BURIAL, CREMATION, 22d. LOCAHON (City, lown, or country REMOVAL (Specify) 0 240 g 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR DATE MAY 2 2 '61 VS. A15ME SM 9/60



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Items 8 & 9 Film G288 5676 CERTIFICATE OF DEATH Reg. Dist. No. U.D. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution; Residence before admission) o GOUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corperate limits, write ENGTH OF STAY IN 16 c. CITY-OR-FOWN (If outside corporate limits, write RURAL and give nearest town) AUBAL and give neasest town) d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO Z 3. NAME OF 4. DATE First Year DECEASED · Francis (Type or print) DEATH adina & 19 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED T NEVER MARRIED T B DATE OF BIRTH / 12/54 last birthday) Manths Days Hours WIDOWED F DIVORCED LSUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stale or foreign country) during post of working life, even in fetired) 12 CITIZEN OF WHAT COUNTRY? ZLINK. gud 13 FATHER'S NAME 14 MOTHER'S MAIDEN, NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ADENOCARCINOMA 05 **DUE TO** Canditians, if any, which ) gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPS PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c, TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) Day, Year (County) (State) factory, street, office bldg., etc.) Haur a.m. While Not while at work p. m. 21. I certify that I attended the deceased from December, 1960 to 196 that I last saw the deceased , and that death occurred at 2:15 A.M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATUR CONGRECC should PHYSICIAN'S NAME (Type) 3 220 BUR.AL CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, laws. poge REMOVAL (Specify) 23 FUNERAL DIRECTOR'S SIGNÁTURE ADDRESS 24n, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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VS A15 (4) 15M 10/57



**BALTIMORE 1. MARYLAND** PLACE OF DEATH 2. USUAL RESIDENCE (Where deceesed I ved, If institution: Residence before edmission a. COUNTY Page a. STATE director. Page or your files. BURKARAM b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RJRAL and give nearest town) write RURAL and give nearest town? Board Green d. NAME OF HOSPITAL OR INSTITUTION ( f not in hospital, give street address d. STREET ADDRESS IS RESIDENCE ON A FARM? to the funeral remined Stall YES NO DE home 3. NAME OF Middla Last DATE Month 4. Day Year DECEASED OF å. DEATH (Type or print) 19 affer This certificate should be executed within 24 hours after death. I word "pending" in pencil in Item 18. Give Pages 1, 2, and It to dical Examiner's Officer along with form PM3. Inge 5 may In all be used as an burial-transit permit. File Immer 1 and II with the cremation, or removal, and in any eyact, within 72 hours after AGE (In Wars | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Days Hours WIDOWED [**不** 10a. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 16. SOCIAL SECURITY NO. | 17. ENFORMANT ARMED FORCES? (Yes, no, or unknwn) (Hyes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate cause **DUE TO** (a), sletting the undarlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1[8] 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO D Medical pluods 20a. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | e forwarded to the Ciller... forwarded to the Ciller... CAUSE OF DEATH. AEDICAL 20c. TIME OF INJURY Month, Dev. Yeer 1 20d, INJURY OCCURRED 1 20a, PLACE OF INJURY (Home, ferm, 20f, (City or lown) (County) (State) factory, street, office bldg., etc.) While Not While el work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion designated agent, death resulted from: Natural causes Suicide Undetermined manner Homicide should be forward CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER NAME (Typa) ( 217) (C Address (Streat, city, town, or county) DE 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or country) (State) REMOVAL (Specify) 40 24a. REC'D BY REGISTRAR ADDRESS 24b. REGISTRAR'S SIGNATURE VS. ATSME 5M 7/59

AND STATE DEPARTMENT OF HEALTH



m. IS RESIDENCE ON A FARM?

Day

USA

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Days

(County)

24b. REGISTRAR'S SIGNATURE

Cirthur S. Thous

24g, REC'D BY REGISTRAR

Perryville .Md .

YES NO

Year

19

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES INO I

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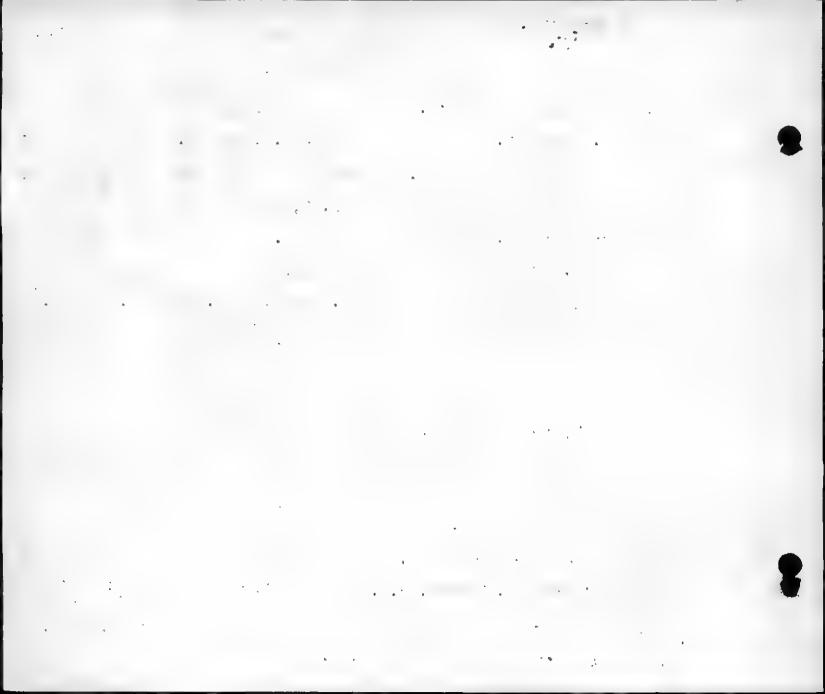
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VS A15 (4) 1SM 9/SB

UNERAL DIRECTOR'S SIGNATURE



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, if institutions, Residence before admission) e. COUNTY b. COUNTY by the and 2 death. MARYLAND b. CITY OR TOWN (if outs da corporate limits, LENGTH OF STAY IN 16 c. CITY OR TOWN (floutside corporate limits, write RURAL and give nearest fown) write RURAL end give neafer frown) AURC ON A FARM? 800 YES NO P NAME OF DECEASED OF (Type or print) DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey! Months physician 12. CITIZEN OF WHAT COUNTRY! or foreign country) Joacher 14. MOTHER'S MAIDEN NAME please attending parties 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no. or unkown) (If yas give wer or defea of service) HAURE DE GRACE 18 CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) INTERVAL BETWEEN ONSET/AND DEATH PART I, DEATH WAS CAUSED BY: den IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geve rise to immadiate ceusa DUE TO (\*), steting the underlying ficate h as the b PART I , OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? NO 20e ACCIDENT WAS UNDERLYING [ ] 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. :NJURY OCCURRED . 20e. PLACE OF INJURY (Home, ferm, 20f. (City or fown) (County) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) Not While While Hour a.m. at work at work p.m. MAY ......, 19/4/1, that (I) (we) last .... 19 6/..., and that death occurred at 2.3.3.M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE 220 SIGNATURE ATTENDING. STAFF DIRECTOR PHYS. PHYS. FUNERAL 22d. ADDRESS NAME (Type) CREMATORY 23d. LOCATION (City, lown or county) (Stele) 230. BURIAL, CREMATION, REMOVAL (Specify) တီ တီ 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CE 5/22/61 mh 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission) y is necessary,
director. Pagmor your files. e. COUNTY e. STATE DOMESTIC AND LABOUR. b. CITY OR TOWN (if outside corporate limits. & LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lawn) 1) day d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO 18 NAME OF DATE DECEASED the (Type or print) DEATH 19 (0 5. SEX 6. COLOR OR RACE 7. MARRIED TY NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Dec. Months WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A Canner-Farmer Cannery& Farm Maryland Pages Pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Malcolm Mitchell Eva Osborne 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address 60 E. Bel Air Ave (Yes, no, or unknwn) | (ifyesgive werer detesof service) Aberdeen. Md. No 218-32-1619 Lillian B. Mitchell. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office 's Office s a burial-removal, **DUE TO** Conditions, if any, which (b) geve rise to immediate cause DUE TO (e), stating the underlying 10 Examiner couse lest. nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION Medical E should be ial, cremati 8 PERFORMED? NO X EXAMINER: This 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS the Chief Me B: Page 3 shorior to burial, PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACEFOF INJURY (Home, farm, 1 20f. (City or town) (County) (State) Not While factory, street, office bidg., etc.) prior et work et work on the 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion forwarded by DIRECTO Accident V. death resulted from: Natural causes 7. Suicide [ Homicide Undetermined manner e the ACTUAL. should be for FUNERAL 1 SIGNATURE EXAMINER'S - 2 Address (Street, city, town or county) NAME (Type) 226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or sountry) 40 8 May 10. 1961 Grove Cemetery Aberdeen. Maryland 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Tarring Ture YS. AISME 5M 9/60 Aberdeen, Md. Chillian & Through



### AND STATE DEPARTMENT OF HEALTH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed fixed, if institution, Residence before edmission, . COUNTY Page e. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outs de corporat c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) director. ō diSTREET ADDRESS 2, and 3 to the funeral may be retained 2 with the State E 3. NAME OF DECEASED DEATH (Type or print) AGE (In years IV UNDER 1 YEAR, IF UNDER 24 HRS. 6 COLOR OF RACE NEVER MARRIED A last birthdey) WIDOWED X ge 5 r 10e. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY! 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Home Maryland Housewife pages 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Cornelia Mitchell Josiah Bell Balto. 14. Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1.16. SOCIAL SECURITY NO + 17. INFORMANT (Yes, no, or unkown) | (Ifyas give we ror delas of servica) Mary F. Kaiser, 4212 Harcourt Rd. No 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c),] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) in pencil Office DUE TO burial Conditions, if eny, which geve rise to immediate cause DUE TO (a), stelling the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY CERTIFICATION execute the certificate, writing the word Medical pluods 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter halure of injury in Pert I or Part PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Chief age 3 Month, Dey, Yeer 20d. MJURY OCCURRED. 20e. PLACE OF INJURY (Homa, farm, 20f. (City or lown) 20c. TIME OF INJURY forwarded to the Chit DIRECTOR: Page factory, street, office bldg., atc.) While prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection ... Inqu'ry agent, Suicide death resulted from: Natural causes Accident //, Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASS.STANT MEDICAL EXAMINER should be for FUNERAL EXAMINER'S NAME (Type) Address (Street, city, town, or county) DEF 228. BURIAL CREMATION . 226. DATE 1 22c. 22d. LOCATION (C.ty, fown, or country) REMOVAL (Specify) 5/6/61 Grove Presbyterian Cemetery, 40 Burial Aberdeen ERECTY . ADOTOSON MA 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE JUNERAL DIRECTOR Tarring Funeral VS. A15ME Onthun & Kings MAY 8 '61 Aberdeen. Md. 5M 7/59

ON A FARM?

YES NO

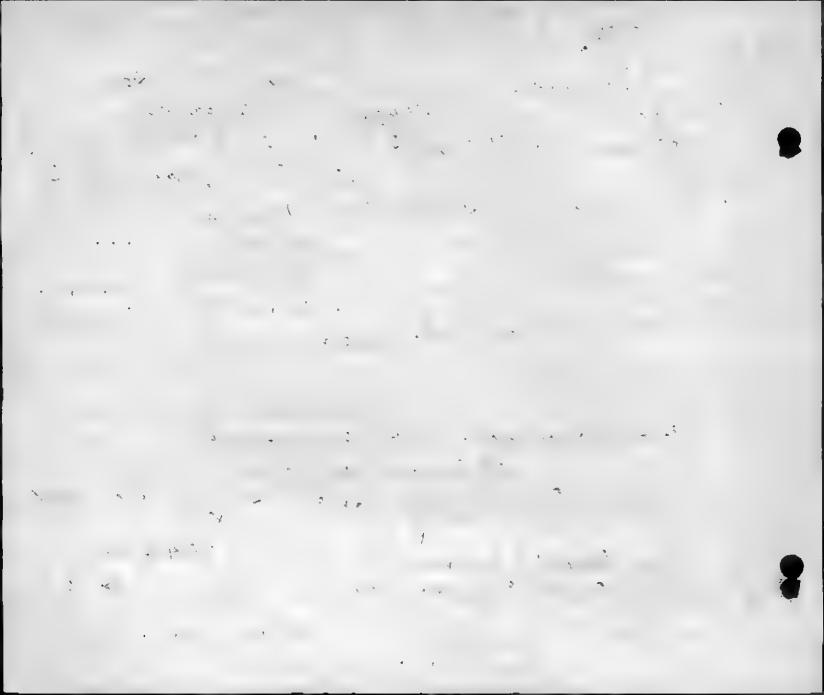
INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

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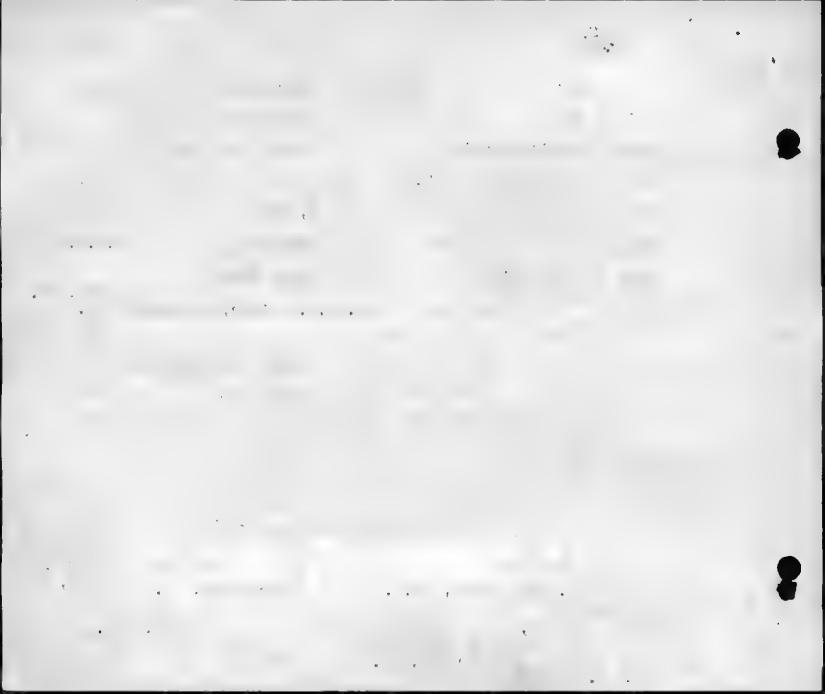
U.S.A.

(County)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) a. COUNTY n. STATE **b.** COUNTY Harford MARVIAND Maryland Hariord

c. CITY OR TOWN (fouls de corporete limits, write RURAL and g ve neerest lown) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Havre de Grace Aberdeen. E 1 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Harford Memorial Hospital Chesapeake Road YES NO T mpletely papers. 3. NAME OF 4. DATE Middle DECEASED OF E. (Type or print) DEATH 12. 19 CHARLES OLIVER 61 MAV 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. carbon B. DATE OF BIRTH lest birthdey) Months and Hours White Male WIDOWED | DIVORCED 1875 remove car any event, June 10s. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Maryland Farmer Farm phy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James William Oliver Sarah McCoy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT Address Aberdeen. Md. (Yes, no, or unknwn) (fyes give we rar detes of service) Chesapeake Rd. No Mrs. C.E. Oliver. 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ] vascular acciden PART I. DEATH WAS CAUSED BY: day IMMEDIATE CAUSE (e) DUE TO Conditions, if env. which gave rise to immediate cause DUE TO (a), slating the underlying cause lest. PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PLATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 19. ERFORMED? 206. ACCIDENT WAS UNDERLYING | 206. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part I of Iam 18.)
OR CONTRIBUTING | CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year 2Dd, INJURY OCCURRED 2De, PLACE OF INJURY (Home, ferm, '2Df, (City or town) (County) (Steta) factory, street, office bldg., etc.] While Not While Hour a.m. el wark el work .. that (I) (we) last 21. | certify that (I) (this hospital) attended the deceased from ( L DIRECTC e 3 should be the State De 19 and that death occured at M, from the Suses and on the date stated above. saw the deceased alive on PHYS. DIRECTOR M.D. rector, page FUNERAL 22d. ADDRESS PHYSICIAN'S NAME (Type) Churchville. Md. -Ralph 123c. NAME OF CEMETERY OR CREMATORY 123d. LOCATION (City, town or county) (State) 23a. BUR AL, CREMATION, 23b. DATE Burial OF Spesutia Cemetery 1961 Perryman. 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Tarring Funeral Home **VR A15 (4)** DATEMAY 1 6 '61 15M 9/60 Curiting & Klaus Aberdeen. Md.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) e. COUNTY a. STATE **b.** COUNTY for your files MARYLAND b. CITY OR TOWN (if outside corporate limits. L LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town). directé he ol d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) B. IS RESIDENCE ON A FARM? retained the State B YES NO T 3. NAME OF Middle 4. DATE Month Day Year DECEASED OF (Type or print) DEATH 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED AGE (In vants IF UNDER 1 YEAR IF UNDER 24 HRS 2 wit last birtl(day) Months Hours WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) ve Pages PM3. Pa File pages 1 WREJE GRACE, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. (Yes, no. or unknwn) | (ifvesgivewarordatesofservice) in pencil in Item 1 Office along with burial-transit permi 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (b) gave rise to immediate cause IÇ. DUE TO 10 10 (a), staling the underlying edical Examiner cremation, or PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)] 19, WAS AUTOPSY CERTIFICATION Medical Ex should be u PERFORMED? NO To 20m, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Part II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Chief 3 age 3 to buri 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20f. (City or lown) (County) (Stele) factory, street, office bldg., etc.) While Hour a.m. Not While at work af work ed to 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion forwarded i the certif Natural causes X death resulted from: Accident 1 Suicide Homicide Undetermined manner ACTUAL should be for PUNERAL ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, fown, or county) DE 224. BURIAL, CREMATION, 226. DATE THEREOI OR CREMATORY REMOVAL (Specify) 0 40 g URIAL FUNERAL DIRECTOR ADDRESS 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE ¥5. A1 5M 9/60 Conthey & three

RYLAND STATE DEPARTMENT OF HEALTH

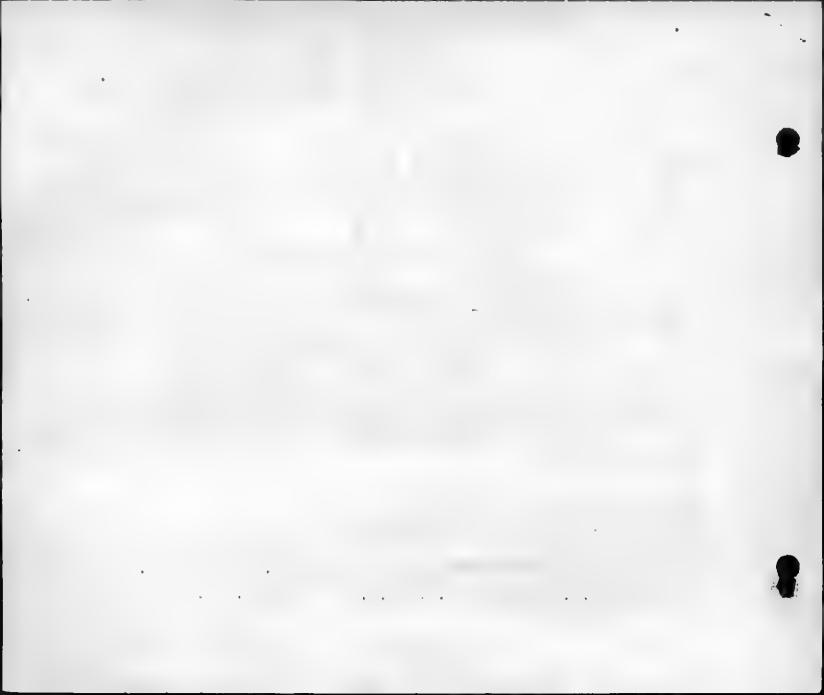


### 5684 **CERTIFICATE OF DEATH** I director, filed with PLACE OF DEATH o. COUNTY MARYLAND b. CITY OR TOWN IIf outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town) Ή d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION pub 2 3. NAME OF DECEASED (Type or print) 7. MARRIED T NEVER MARRIED T DIVORCED | WIDOWED IT during most of working life even if retired) Houselin 13. FATHER'S NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. 200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Not while Hour om While at work at work 21. I certify that I attended the deceased from 5-2 ACTUAL SIGNATURE Jr. PHYSICIAN'S B.J. Plunkett M.D. NAME (Type) 220 BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) LLUOUZ. Tarringeruneral Home

Reg. Dist. No. US673 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before-admission) **6 COUNTY** c. CITY OR TOWN (If getside corporate limit), write RURAL and givernearest town) e IS RESIDENCE ON A FARM? YES | NO V DATE OF DEATH 9 AGE [In years IF UNDER 1 YEAR IF UNDER 24 HR Months Days USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? PAIT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🗍 NO N 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 11 of item 18.1 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Slote) factory, street, office bldg., etc.) ....that I last saw the deceased ADDRESS (Street, city or lown, state) **DATE SIGNED** W. Bel Air Ave. Aberdeen, Md. 22d. LOCATION (City town, or county) 240 REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

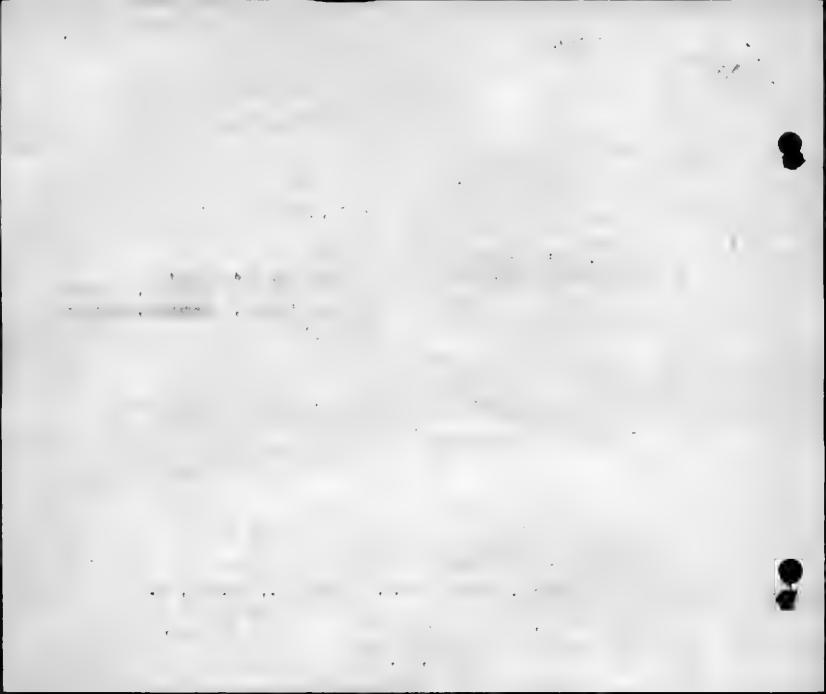
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

15M 10/57



RESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 5685 2. USUAL RESIDENCE (Where deceased lived, it institution: Residence before admission) I. PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND c. C.TY OR TOWN of outside corporate limits, write RURAL and give neares town b. CITY OR TOWN (if outside corporate lim'ts. c. LENGTH OF STAY IN 15 . IS RESIDENCE ON A FARM? YES NO TEX papers 3. NAME OF DATE Yaar Month DECEASED (Typa or print) DEATH c AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS COLOR OR RACE 7. MARRIED NEVER MARRED B. DATE OF BIRTH last birthdey)" Months Days May 12, 1894 DIVORCED [ WIDOWED [ 12 CITIZEN OF WHAT COUNTRY? physicia≡ 10a. USUAL OCCUPATION (Give kind of work I 10b. KIND OF BUS NESS OR INDUSTRY 11, B RTHPLACE (County & State, or fore an country) dona during most of working life, avan it ratined) Housewife Home 13. FATHER'S NAME C. Arlie Aaronson nding pl Pearl Malleck 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116, SOCIA, SECURITY NO. Pergyman. Maryland (Yes, no, or unkown) (If yas give war or datas of sarvice) Clifford Ricketts The distance of the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN COUS PART I. DEATH WAS CAUSED BY: / IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which? {b} gave risa to immadiate causa (a), stating the underlying cause last. RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART PART IN OTHER SIGNIFICANT CONDITIONS PERFORMED? NOTE 208. ACCIDENT WAS UNDERLY NG 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED , 20a. PLACE OF INJURY (Homa, farm, 20f. (City or lown) (Stata) (County) 20c. TIME OF INJURY Month, Day, Year factory, straet, office bldg., atc.) \_Not While Whila Hour e.m. at work at work 19.5., that (1) (we) last hospital) atjended the deceased from...... .......19.19.1..., and that death occured at. 1.5.M., from the causes and on the date stated ebove. saw the deceased 228. SIGNATURE ATTENDING SIGNED D.RECTOR PHYS. PHYS. M.D 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Peter P. Rodman . Law St., Aberdeen, Md. M. D. director, 1 be filed v 123c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (C.ly, town or county) 238. BURIAL, CREMAT ON, 236. DATE THEREOF May 9. 1961 Spesutia Cemetery 0 Tarring Buneral Home 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE PURECTOR'S SIGNATURE VR A15 (4) MAY 1 2 '61 arthur S. Traus 15M 9/60 Aberdeen, Md. DATE

AND STATE DEPARTMENT OF HEALTH



in by the Ru 24 hourse TO HOSTITE IN ATTENDING PHYSICIAN: The law requires that the death certificate be executed death.

JA how death.

TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and completely in a in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOST

VR A15 (4) 15M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF SPATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF THE PROPERTY OF

) -	PLACE OF DEATH  2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission)  a. COUNTY  b. COUNTY  c. STATE
-	MARYLAND  MARYLAND  MARYLAND  MARYLAND  MARYLAND  C. CITY OF TOWN (If outside corporate I m is, write RURAL and give nearest lown  write RURAL and give nearest lown)
1 4	HAVITE DE CACACE 102 ARS. BEL AIR  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitat, give street address) d STREET ADDRESS
13	HARFORD MEMORIAL HOSPIAL BOX 309 R.D.3   VES NO   VES NO
	5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BRTH  9. AGE (In years IF UNDER YEAR, IF UNDER 24 HRS. last birthday) Months, Days House Min.  9. AGE (In years IF UNDER YEAR, IF UNDER 24 HRS. last birthday) Months, Days House Min.  9. AGE (In years IF UNDER YEAR, IF UNDER 24 HRS. last birthday) Months, Days House Min.  9. AGE (In years IF UNDER YEAR, IF UNDER 24 HRS. last birthday) Months, Days House Min.  9. AGE (In years IF UNDER YEAR, IF UNDER 24 HRS. last birthday) Months, Days House Min.  9. AGE (In years IF UNDER YEAR, IF UNDER 24 HRS. last birthday) Months, Days House Min.  9. AGE (In years IF UNDER YEAR, IF UNDER 24 HRS. last birthday) Months, Days House Min.  9. AGE (In years IF UNDER YEAR, IF UNDER 24 HRS. last birthday) Months, Days House Min.  9. AGE (In years IF UNDER YEAR, IF UNDER 24 HRS. last birthday) Months, Days House Min.  9. AGE (In years IF UNDER YEAR, IF UNDER 24 HRS. last birthday) Months, Days House Min.  9. AGE (In years IF UNDER YEAR, IF UNDER 24 HRS. last birthday) Months, Days House Min.  9. AGE (In years IF UNDER YEAR, IF UNDER 24 HRS. last birthday) Months, Days House Min.  9. AGE (In years IF UNDER YEAR) HOUSE MARRIED WILL HOUSE
	done during most of working life, even (free red)  HARFORD CO. MARYLAND  U.S.A.  14. MOTHER'S MAIDEN NAME
	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT  Address  Yes, no, or unknown) (Hyes give were or deless of service)
	Mr. Charles Rinehart, BEI Air Rural, Maryland  18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]  PART I DEATH WAS CAUSED BY,  IMMEDIATE CAUSE (a) ANENCE PHALUS -  15 HOURS
	DUE TO  Conditions, if any, which gave rise to immed eta cause (e), steting the underlying course last.  (c)  PART I. OTHER SIGNIF CANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE CONDITION GIVEN IN PART I.e): 19. WAS AUTOPSY
NOTATION	PERFORMED? YES NO X
- 1	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (Stele)  Hour a.m. While Not While et work et work et work et work
	21. I certify that (I) (this hospital) attended the deceased from MAY.21
	220 SIGNATURE  Phillip IL'. Necenze MD. ATTENDING MED. STAFF PHYS DIRECTOR PHYS. MAY 2 2 1961  220. PHYSICIAN'S NAME (Type) PHILIP W. HEUMAN MD. 307 HICKORY, BELHIR, IVID
2	36. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, lown or county)  REMOVAL (Specify) May 23, 1961 St. Iquatius Cemetery Hickory, Harford Co., Manyland
2	Graphe W. Foster BELAT Maryland St. Date MAY 24 '61 256. REGISTRAR & SIGNATURE DATE MAY 24 '61 arily S. Frank



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  $5687 \qquad \text{CERTIFICATE OF DEATH} \qquad 05676$ 

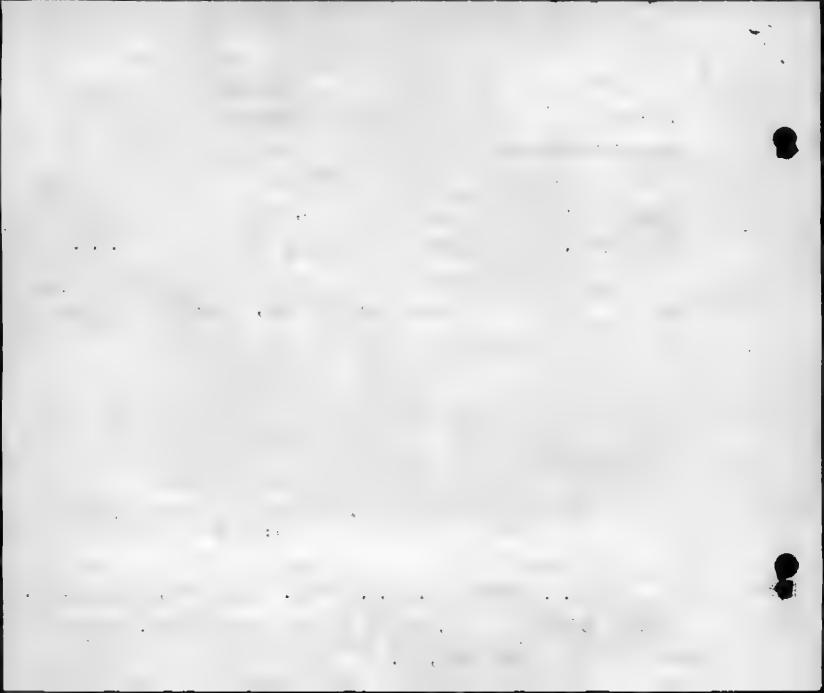
ľ	1. PLACE OF DEATH *. COUNTY		2. USUAL RESIDENCE (Whe		esidence before edmission
L	Harford	MARYLAND	o. STATE Marylar	nd b. COUNTY	cford
ľ	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	C. LENGTH OF STAY IN 16	c. CITY OR TOWN ( f outs de	corporate limits, write RURAL and	give neerest town,
L	Aberdeen,		Aberdee	n	
I	d. NAME OF HOSPITAL OR INSTITUTION ('F not in ho	spital, give street eddress,	d. STREET ADDRESS		e. IS RESIDENCE
۱	634 Colaine Drive			laine Drive	YES NO X
Ī	3. NAME OF First DECEASED	Middle	CCADEAMA OF		Day Yeer
ŀ	(Type or print)  JOSEPH  5. SEX  6. COLOR OR RACELY MARRIE		SCARLATA DE	19. AGE (In yeers   IF UNDER 1)	19 01
ļ	7. MARKI			last birthday) Months D	leys Hours Min.
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I	done during most of working life, even if relired)		1		S.A.
	Barber, (Ret.)	Barber	Italy 14. MOTHER'S MAIDEN NAME	U	.D.A.
ı		Unknown		Unknow	w n
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16.	T	NFORMANT	4 4	ine Drive
	(Yas, no, or unkawn) (If yes give we rordales of service NO	17-28-9110 MA	ry Phillips,		
ı	18. CAUSE OF DEATH [Enter only one ceuse per	I'na lor (a), (b), and (c).			I INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e)	abdominal	Curcinima	Your	ONSET AND DEATH
١	199 X DUE TO	*			
١	Conditions, if eny, which (b)				
1	(a), stating the underlying DUE TO				
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1	PART I. OTHER SIGNIF, CANT COND TIONS CO	NTRIBUT NG TO DEATH BUT NO	OT RELATED TO THE TERM NAL DISE.	ASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
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	ZOB ACCIDENT WAS UNDERLYING 1 206. DE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURED	i, (Enter neliste of in way in Pent 1 or F	ert II of item (8.)	
ı	0 1		CE OF INJURY (Home, ferm, 20f. ory, street, office bldg., etc.)	(City or town) (Coun	ty] (Steta)
1	- 1 Print	ork et work			
ļ	21. I certify that (I) (this hospital) after	nded the deceased from.	1-12-61, 19,	to 5-31 - 19.0	, that (I) (We) las
l	saw the deceased alive on	1 1961, and that	death occured at .7.3.45	remathe causes and on the	ne date stated above
1	22e. SIGNATURE	1	ATTENDING MED.	STAFF	22b. DATE S GNEC
ı	Q-J. Sturkery	M. W	.D. PHYS. X DIRECTOR	PHYS.	6-1-61
	NAME (Type)  B.J. Plunk	cett Jr. M.D	/	Air Ave, Abe:	ndean Md.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		LOCATION (City, town or county	
	Removal (Specify) 6/1/61		Cemetery Pou		
	14 FUNDERAL SERECTOR'S SIGNATURE Tarri	ng Mameral H	ome 25e. REC'D BY RE	EGISTRAR   256. REGISTRAR'S S	IGNATURE
	Milley 4. Karring - Aha	bit ceaher	DATE JUN 5	'61 arthur &	. That

Aberdeen, Md.

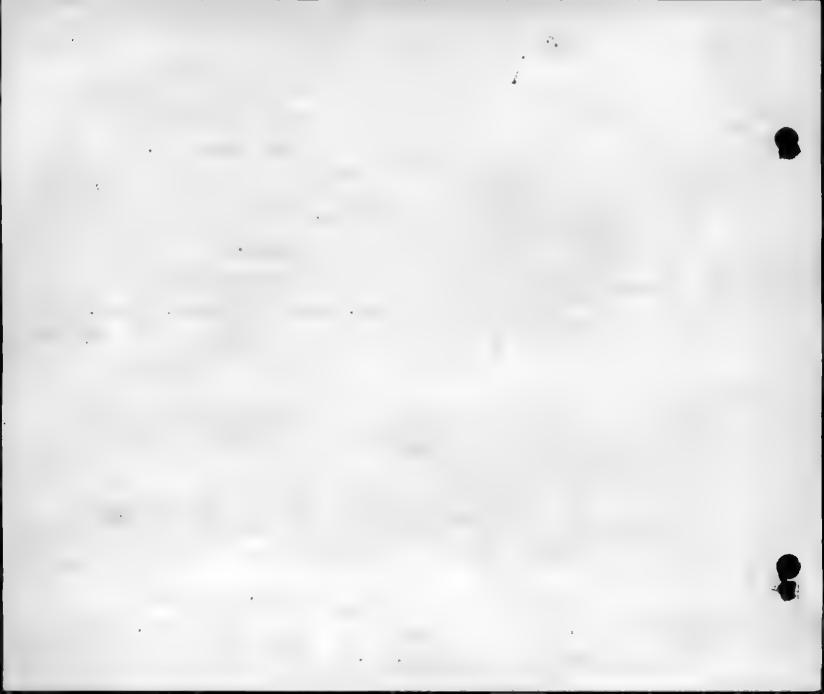
fined in by the funeral Pages 1 and 2 should 24 hours after carbon papers. Pages of, within 72 hours after TO HOSPITA B ATTENDING PHYSICIAN: The law requires that the death mentificate be exacuted death.

Jo FUNDEAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hou TO HOSP

VR A15 (4) 15M 9/80



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funerai PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed lived, If institution: Residence before edmission) a. COUNTY a. STATE b. COUNTY Harford by the and 2 series Harford MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outs do corporete limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) -Street Ē hours after Rural Rural - Street years Pages Imed d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address, . IS RESIDENCE ON A FARM? Grier Nursery YES NO completely papers. 3. NAME OF DATE M ddle Year 22 DECEASED OF EDWARD STEWART [Type or print] DEATH 19 carbon 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 5. SEX 7. MARRIED X NEVER MARRIED east birthday) and Months | Deys Hours Male 31, DIVORCED May 1899 physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11 B.RTHPLACE 'County & State or foreign country) remove 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Street, Auto mechanic Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ease 6 pue James W. Stewart Lillis D. attendii It.en ple Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT 'emoval, (Yes, no, or unkown) | (Ifyas give wer or detes of service) No Edward W. Stewart, Street Mrs. the 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: physic igned IMMEDIATE CAUSE (e) DUE TO ons tery which geve rise to immediate cause DUE TO (a), stelling the underlying cause last. PART 1, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate PERFORMED? NO 206 ACCIDENT WAS UNDERLYING \_\_\_ 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of 'n,ury in Port I or Port I of Item 18.)
OR CONTRIBUTING \_\_ CAUSE OF DEATH Не After this (IF EITHER, NOTIFY MEDICAL EXAMINER) tached (Stete) 20c. TIME OF INJURY 2Dd. NJURY OCCURRED . 2De. PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) Month, Day, Yeer fectory, street, office bldg., etc.) While Not While Hour a.m. at work at work R ATTEND ay be retaine DIRECTOR: to/ I, and that death occurred at ... . My from the causes and on the date stated above. saw the deceased alive on. shoul DATE 22e. SIGNATURE ATTENDING MED. SIGNED STAFF 3 MD PHYS D RECTOR PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Benj. Cardiff. Maryland actor, 8 23d. LOCATION (City, fown or county) 23e. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) 臣 REMOVAL (Spacify) 0 5 3 Highland Md. Burlal Wgv ADDRESS. 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE MINERAL DIRECTOR'S SIGNATURE VR A15 (4) Delta. 15M 9/60 arthur of Kings



CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before admission) COUNTY b. COUNTY MARYLAND b. CITY OR TOWN of outside corporate I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION of not in hospitel, give stront eddress ON A FARM? YES NO NAME OF Month DECEASED OF (Type or print) DEATH 5. SEX COLOR OR RACE 17. MARRIED NEVER MARRIED 9. AGE IN YOUR IF UNDER I YEAR IF UNDER 24 HRS lest birthdey) Months Deys , physician 10e. USUAL OCCUPATION Give kind of work 106 KIND OF BUSINESS OR INDUSTRY 11, 8., T. 12. CITIZEN OF WHAT COUNTRY? dong during most of working life even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM attending Ther plex 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (Yes, no, or upkown) the 18. CAUSE OF DEATH (Enler only one cause per I ne for (a) / b' end (c). ONSET AND BEATH IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which geva rise to immediate cause **DUE TO** (a), steling the underlying causa lest. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED, TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20b. DESCRIBE HOW NJURY OCCURED IEnter neture of injury in Peri I of them 18 OR CONTRIBUTING THE CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 20d. tNJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm. 20f. (City or town) While Not While fectory electron office bidg, etc.) 20c. TIME OF INJURY Month, Day, Year Not While et work p.m. 21. I certify that (I) (this hospital) attended the deceased from . S. , and that death occured af C. AM, from the causes and on the date stated above. saw the deceased alive on ATTENDING 22a. SIGNATURE D.RECTOR PHYS. MD 22c. PHYSICIAN'S 22d. ADDRESS 23a BURIAL CREMATION, 23b. DATE REMOVAL (Specify) \$ o = 1 VR A15 (4) Cathan S. Thousa ISM 9/60

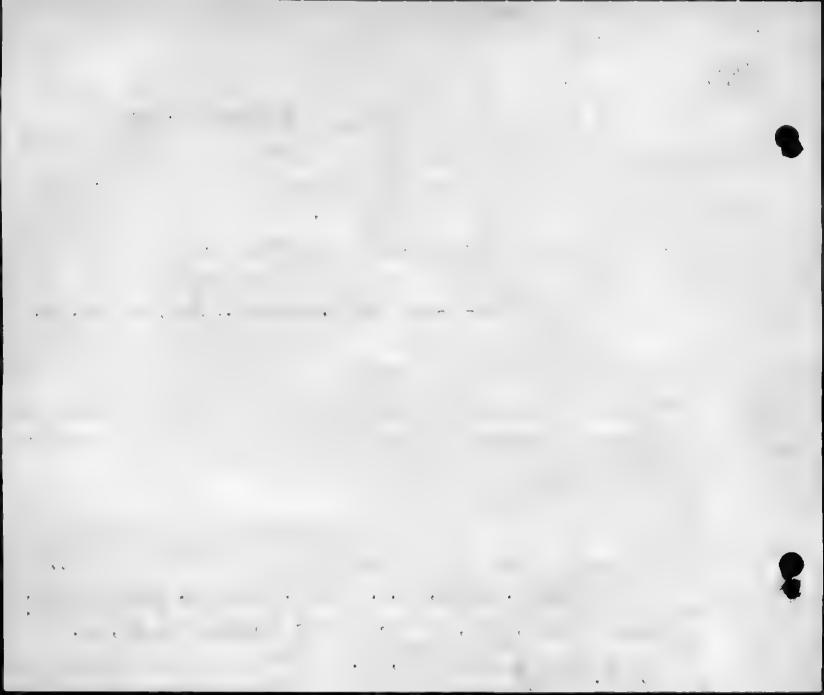
RESTON STREET, BALTIMORE 1, MARYLAND

DIVISION OF STATISTICAL RESEARCH AND RECORDS.



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W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased I ved. f institutions Residence before admiss on) . COUNTY MARYLAND b. CITY OR TOWN (it outside corporate limits, c. CITY OR TOWN [If ou side corporate limits, write RURAL and give giverest town] c. LENGTH OF STAYIN 15 write RURAL endigive nearest fown) Bel Air d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street address, mpletely J. NAME OF DECEASED (Type or print) DEATH AGE (In years , IF UNDER 1 YEAR IF UNDER 24 HRS 80 yrs. Months Days 1881 WIDOWED DIVORCED 10a. JSUAL OCCUPAT ON (Give kind of work 10b. K ND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) physica Farmer 42/18/acksmith Farm & Shop 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME ā Then I A6. SOCIAL SECURITY NO. 1 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (If yes give war or dates of service, ) 215-22-6951 John F. Supik Jr., RD 2, Bel 18. CAUSE OF DEATH [Enter only one causa per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), slating the underlying PART I., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CERTIFICATION 206 ACCIDENT WAS UNDERLYING LE 206. DESCRIBE HOW MIJNY OCCURED. (EF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW NIJRY OCCURED. (Enter nature of injury in Part I or Pert II of Tem 18, 20d, NJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) White Not While Hour a.m. at work 1/4 1 19 (we) last 21. I certify that (I) (this hospital) attended the deceased from. 5 ATTENDING 22b. DATE 22a. SIGNATURE SIGNED DIRECTOR | PHYS. MD. death. Payer TO FUNERAL director, page 3 be filed with the 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Frank D. Hauber. 610 S. Union Ave, Havre de Grace, M.D. 123c. NAME OF CEMETERY OR CREMATORY [ 23d. LOCATION (City, town or county) (Stalvice 23a. BUR, AL, CREMAT ON, 23b. DATE THEREOF REMOVAL (Specify) May 19, 1961, Bel Air Memorial Gardens. Burial Bel Air. Md. 25a, REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE \_Tarring Tuneral Home VE A15 (4) 15M 9/ animo S. thous anua Aberdeen. Md. Tarring



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Whate decaesad livad, If institution: Rasider ce before adm ss'on) . COUNTY by the and 2 death. b CITY OR TOWN (I ouls de corporele amils a LENGTH OF STAY IN 16 write RURAL and give nearest town! . IS RESIDENCE d. NAME OF HOSPITALOR INSTITUTION ( f not in hospital ON A FARM? YES NO XX Middle DECEASED (Type or print) and cor 16. COLOR OR RACE 17. MARRIED THEYER MARRIED 9. AGE (In years Jast birthday) Hours 1895 May WIDOWED Y DIVORCED USUAL OCCUPATION [Give kind of work I 12. CITIZEN OF WHAT COUNTRY? County & Stelle, or fore on country! USUWI Home S. TATHER'S NAME MOTHER'S MAID ᇻ (Yes, no, or unkown) | (Ifyes give war or dates of sarvica) 1B. CAUSE OF DEATH [Enter only one causa per inge for (a), (b), afid (c), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if eny, which gave rise to immediate cause **DUE TO** (e), stefing the underlying causa last. PART I. OTHER 5 GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(=) 19. WAS AUTOPSY PERFORMED? NO 206 DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I of Part II of I tem 18.) metletus C 20s. ACCIDENT WAS UNDERLYING , OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, 20f. (City or fown) (County) 20c, TIME OF INJURY Month, Day, Year factory, street\_office bldg., atc.) While ... Not While ... at work at work 21. I certify that (1) (this hospital) attended the deceased from Mart 1.4. The 19 6 saw the deceased alive on Mice It 19.50 , and that death occurred all IMM, from the causes and on the date states above. 22a SIGNATURE ATTENDING. De a DIRECTOR PHYS. FUNERAL rector, page 3 22d/ ADDRESS 22c. PHYSICIAN'S NAME (Type) death. 23a. BURIAL, CREMATION, 236. 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) Calvary Cometery Bel Air, Maryland 25a. REC'D BY REGISTRAR 125b. REGISTRAR'S SIGNATURE Tarring Funeral Home VR A15 (4) arthur S. Kraus 15M 9/60 Aberdeen. Md. DATE JUN 5



# TO HOSPITAL OR ATTENDING PHYSICIAM: The low requires that the death certificate be executed within 24 years after death. Page 4 may be the hispital or altending physician. TO FUNK THE formal to be a so as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/55

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
203	CERTIFICATE OF DEATH	

	5692		CERTIFIC	AT	E OF DEA	TH			Reg. Di	ist. No.	156	81
1. PLACE OF DEATH O. COUNTY Harfo	rd		MARYLAND	2.	usual RESIDENCE o. STATE Maryland	(Whe	re decease	d lived. If institution b. COUNTY	ion: Resider	nce befor	e odmiss	ion)
b. CITY OR TOWN (IF RURAL and give nea Magnol	rest town?	its, write	c. 1ENGTH OF STAY IN 16 Lifetime		c. CITY OR TOWN		itside corpo				rest fowr	)
d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, (	give street o	address)		d. STREET ADDRES	SS						FARM?
NAME OF DECEASED (Type or print)	Cli	nton	Middle Alexand	er	lost Turner		4. DATE OF DEATH	Mo Me		Doy		Yeor 19 61.
Male	White	WIDOWE				189		9. AGE (In years lost-birthday) OD yrs.	Months	Days	Hours	ER 24 HRS. Min.
ocomotive (	ig lite, even it retired	done 10b. (	U.S. CON.	USTRY	Marylan	_	r foreign c	ountry)	4.7	JSA	F WHAT	COUNTRY
. FATHER'S NAME				14	. MOTHER'S MAID	EN NA	AME					
John Turr					Alice S	tau	affer					
S. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFOI	TIAMS			Add	ress			
no			20-20-7020	Mr	s. Clinto	n I	furne	r Magi	nolia,	, Mai	ryla	nd
Conditions, if any gove rise to im couse (a), stating the lying couse lost.	mediote DUE TO	,	yocardia ontributing to death by	S (	RELATED TO THE T	JOS ERMIN	ALO IAI DISEAS	E CONDITION GIV	/EN IN PAR	27 ) fo) 15	2. WAS	AUTOPSY
PART II. OTHE			RIBE HOW INJURY OCCUR								PERFO	NO 🗍
(IF EITHER, NOTIFY N 20c. TIME OF INJURY Hour 5. p. p. m.		gr 20d. IN While of work	_ Not while	PLACE (	OF INJURY (Home, street, office bldg.	form, , etc.)	20f. (City	or town)	{1	County)		(Stote)
21. I certify that alive an	1 attended the	decease 19	d fram. 4 2	th acc	turred at 11			n the causes of free City or Jown,	ind on t		e state	decease ed abave
PHYSICIAN'S NAME (Type)	E. Louis I	Cahan				E	dgewo	ood, Mary	land			
20. BURIAL, CREMATION REMOVAL (Specify) Burial		1961	22c. NAME OF CEMETERY M				Abing	don, Ha	r county)		(Stote	:)
3. FUNERAL DIRECTOR'S HOWARD K. M	cComas & 8	Son O	Abingdon, Md	•	24a. I DATE	MA	BY REGIST		strar's sic		_	

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Arrest	Lasty			
	#170 miles	1-17-110		
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	1557737			
n - ; - , ,	edby,		Samo, Siril	
all the court		. * 1. (_* ( T	GOL D WAY	

FOR STATE TO DIL C. COLCAL EXAMINER: This certificate should be executed within 24 hours after death. If any it is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2, with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

65680

5693. MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15	PLACE OF DEATH
17	e. COUNTY
	HARYLAND B. STATE NU B. COUNTY CECIO
17	
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Ш	Have de trace bott, usings un Rural
H	
А	O. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give state eddress)  O. STREET ADDRESS  O. STREET ADDRESS  ON A FARM?
	VOA Harford Namura Hospill
13	MANAGE
П	DECEASED
н	(Type or print) U7- e 90 - 401en W, 150 N DEATH May 12- 1941
1	SEX   6. COLOR OF RACE 7. MARRIED   8. DATE OF BIRTH   9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS.
1	1 A I I I I I I I I I I I I I I I I I I
	WIDOWED DIVORCED 12-16-1413 45 yrs.
	On. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (Sigle or foreign country)   12. CLITZEN OF WHAT COUNTRY?
	deser furring mest of working life, even if refined)
1	PGINIER (CONS), CO, West Virgina //. TH.
1	3. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME
Ш	Pho : Wile 12
L	are worken
!	5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT
1	Yes, po or unknown) ((free a) ve wer or deploy of service)
-	des 1500018 min 334 300/8/M/s. 2 1100,1304 1151 ng 301/110
П	19. CRUSE OF DEATH  Enter only one cause per line for (a), (b), and (c).]
н	PART I, DEATH WAS CAUSED BY: CONSET AND DEATH
п	IMMEDIATE CAUSE (6) 1 Chicking (3)
1	DUE TO
L	Conditions, if any, which (b)
	gave rise to Immediate cause
	(a), stelling the underlying DUETO
	cause last. (c)
1 3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) L19. WAS AUTOPSY
15	PERFORMED?
TELCATION	Custing of the Traffine Khamerus YES NO IT
1 5	20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of IIem 18.)
TEBT	PRIMARY OF OF CONTRIBUTING   A CAT CATALOG A
13	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
MEDI	Hour am 4 5 12 10 1 While Not While state of the bldg., etc.)
3	
	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
Ł	
	CHIEF MEDICAL EXAMINER [ SAA N. MW.
П	SIGNATURE YEAR COMMENT ASSISTANT MEDICAL EXAMINER DATE SIGNED
П	DEPOTY MEDICAL EXAMINER 7
i.	WENTE (Treat ) / d ( ) / M ( ) / M ( )
-	Abaress (sirseer, city, rown, or county)
1	22. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)
	Burial 13-16/961 Wingo Cem. Mingo West Virgo
2	ADDRES .   240. REC'D BY REGISTARE   240. REGISTRAR'S SIGNATURE
6	Henry on Elle Halle Rising Suhhad MAY 16 100
	Jonney 611- 14 chilles 1151 19 54 1, MAY 1 6 '61 Chilles S. Hours
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